

## THE FIREFIGHTERS' RETIREMENT PLAN OF ST. LOUIS

### Application for Retirement Income

Soc. Sec. No. \_\_\_\_\_

Appointed \_\_\_\_\_

Assigned \_\_\_\_\_ Dist. No. \_\_\_\_\_

Retirement Number

To the Board of Trustees:

In accordance with the provisions of the Ordinance governing the operation of the Firefighters' Retirement Plan of St. Louis, I, the undersigned, \_\_\_\_\_, a participant in the Plan, do hereby apply for the retirement benefit as follows:

- (1) Retirement: 10 years or more of service but less than 35 years of service.
- (2) Retirement: 35 years or more of service. (MAXIMUM BENEFIT 35 YEARS OF SERVICE).

The last day for which I have received or will receive compensation from the Fire Department of the City of St. Louis is

Retirement income payments become effective on  
(Note: the earliest benefit payments may commence is 30 days after application)

Month	Day	Year

The above statements are true and to the best of my knowledge and belief.

Dated at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Member's Signature)

Spouse's Name \_\_\_\_\_

\_\_\_\_\_  
(Number and Street)

Spouse's Birthday \_\_\_\_\_

\_\_\_\_\_  
(City, State and Zip Code)

Date of Marriage \_\_\_\_\_

Phone \_\_\_\_\_

## **FIREFIGHTERS' RETIREMENT PLAN - RETIREMENT DATA**

SSN#	NAME:	RANK:	DROP:	/	/
ADDRESS:					
PRE-DROP YEARS OF SERVICE:	YEARS:	MONTHS:	DAYS:		
POST-DROP YEARS OF SERVICE:	YEARS:	MONTHS:	DAYS:		
SICK LEAVE:	YEARS:	MONTHS:	DAYS:		
YEARS OF SERVICE ON 2/1/2013	YEARS:	MONTHS:	DAYS:		
TOTAL YEARS OF SERVICE:	YEARS:	MONTHS:	DAYS:		
DROP BENEFIT:			\$		
POST-DROP BENEFIT: 0.00 % OF 2 YEAR AVERAGE:			\$		
TOTAL DROP AND POST-DROP BENEFIT:			\$		
DISTRIBUTION FROM DROP PER MONTH:	\$	TOTAL:	\$		

### **PAYROLL DEDUCTION**

FEDERAL TAX:	CLAIMING -	0	1	2	3	\$
STATE TAX:	CLAIMING -	0	1	2	3	\$
MEDICAL INS:	YES	NO	TYPE			\$
CRED. UN. (MONTHLY):	YES	NO	ACCT#			\$
ELECTRONIC DEPOSIT:	YES	NO				\$
CHILD SUPPORT (QDRO):	YES	NO				\$

### **LUMP SUM REFUND**

APPROX. LUMP SUM REFUND:						\$
TO MEMBER:	YES	NO	ALL/PART			\$
TO CREDIT UNION:	YES	NO	ALL/PART			\$

### **SICK LEAVE DISTRIBUTION**

SICK LEAVE BALANCE:						\$
TO DROP ACCOUNT	YES	NO	ALL/PART			\$

Pension benefits are paid at the beginning of the month for that month. Checks are mailed the last working day of the previous month so you receive them on or about the 1<sup>st</sup> day of the month.

### **TOTAL - 1<sup>ST</sup> CHECK**

DAYS IN	\$	ALL OF	\$
TOTAL - 1 <sup>ST</sup> CHECK			\$